

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Gail Gonzales			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 313 Bordner Dr.			Amount 293.49		
City Madison	State WI	Zip Code 53705	Transaction ID : B632865		
Purpose of Expenditure Literature		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: WI		
Calendar Year-To-Date Per Election for Office Sought 58599.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee National Education Association			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 1201 16th Street NW			Amount 952.50		
City Washington	State DC	Zip Code 20036	Transaction ID : B632876		
Purpose of Expenditure Canvass expenses		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: WI		
Calendar Year-To-Date Per Election for Office Sought 58599.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1245.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 19 / 2016

Signature